Town, City, Village, State or Federal Permits May Also Be Required

LAND USE - X

SANITARY -

SIGN -

SPECIAL - NA

CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Issued To: KEVIN D & CHRISTINA M JENSEN No: 08072202-2022 Tax ID: 19399 Section 17 Township 47 N. Range 08 W. Location: PAR IN GOVT LOT 4 DESC IN 1 RON DIVER DOC 2020R-585176 TOG WI& SUBJ TO **EASE (LOT 3 CSM #1428 IN V.8 P.322) Block Subdivision:** CSM# 1428 Govt Lot 0 Lot For Residential / Detached Garage / 45L x 30W x 12H Condition(s): Meet all setbacks including eaves and overhangs. Not for human habitation. For personal storage only. Town/State/DNR permits may be required. This permit expires one year from date of issuance if the authorized NOTE: Mckenzie Slack construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Thu Sep 08 2022 application information is found to have been misrepresented, erroneous, or incomplete. Date

This permit may be void or revoked if any performance conditions are

not completed or if any conditions are violated.

	· ·	

APPLICATION FOR RECREATIONAL VEHICLE

Bayfield County Planning and Zoning Department P.O. Box 58 117 East Fifth Street Washburn, WI 54891 Phone - (715) 373-6138

INSTRUCTIONS: No permits will be issued until all fees are paid. Checks are made payable to: Bayfield County Zoning Department. DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT. Changes in plans must be approved by the Zoning Department

Office Use: Zoning District/Lakes Class. Application No. Date_ Fee Paid

Property Owner <u>MARK SNGELMAN</u> Mailing Address <u>/26 HICKORY</u> Nut LN	Property Address <u>64/00 E: RUTH LAXE</u> of RV placement. LD
506GRTON, WI 53534	Agent:
Telephone 608, 213, 4540	Written Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request:	
<u>SE</u> 1/4 of Sw 1/4 of Section 3/ Township 47 N	Range 8 W. Town of THOW RIDEL
Gov't Lot Lot Block Subdivision	CSM #
Volume Page of Deeds Parcel I.D. # <u>O4-02</u>	4-2-47-08 Acreage 1,51
Additional Legal Description:	ATTACH Copy of Tax Statement
is your RV in a Shoreland Zone? Yes No S./ If Yes, Distance	e from Shoreline: 75' or greater < 75' to 40' less
RV: New \square Replacement \square Year:	1999 Vin #: 4X4TSAP27XA01Z877
Make of RV: SANDPIPEL Mode	of RV:
FAILURE TO OBTAIN A PERMIT or PLACING RV ON PROPE	RTY WITHOUT A PERMIT WILL RESULT IN PENALTIES

APPLICANT - PLEASE COMPLETE REVERSE SIDE

	For Office Use Only	Zoning District/Lakes Class: 2~
Permit Issued:	Sanitary Number _	CTUC Date 99-2022
Issuance Date 9-9-3032 Pe	ermit Number <u>32-0336</u>	Permit Denied (Date)
Reason for Denial:		
Inspection Record:		
В	y Date o	of Inspection 9/1/2000
Variance (B.O.A.) #		
Condition: RV may be placed up to 4	months from issuance date. Mu	st be removed by:
Sign	Inspector	9/1/2003 Date of Approval

Returned voided Check # 1310 9/13/22

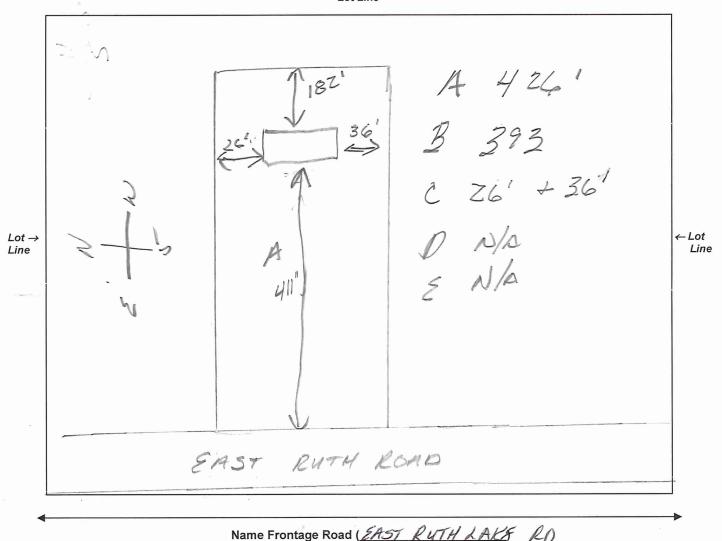
- 1. Name and use frontage road as a guideline, and indicate North (N) on plot plan
- 2. Show the RV (Recreation Vehicle) location

IMPORTANT
Detailed Plot Plan is Neccessary

- 3. Show dimensions in feet on the following:
 - a. RV from centerline of road(s).
 - b. RV from right-of-way line
 - c. RV from property lines

- d. RV from lake, river, stream or pond
- e. RV from Privy

Lot Line



NOTICE: The local town, village, city, state or federal agencies may also require permits.

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner or Authorized Agent____

Date

Address to send permit

Edgenton, WI

HICKORY

5353X

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

When Town Board has completed this form, please mail to:

Bayfield County Planning and Zoning Department P.O. Box 58 – Washburn, WI 54891 Phone – (715) 373-6138

Fax – (715) 373-0114 e-mail: zoning@bayfieldcounty.org Website: www.bayfieldcounty.org/147

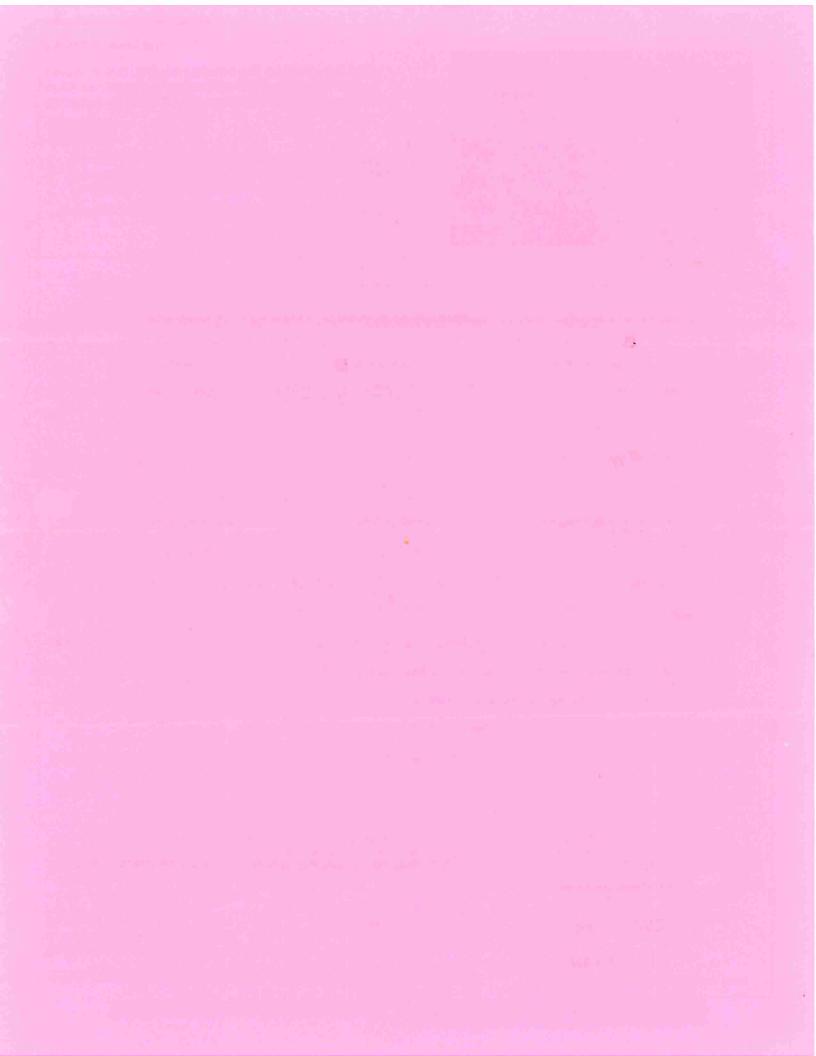
<u>Date Zoning Received</u>: (Stamp Here)

AUG 15 2022

Bayfield Co. Planning and Zoning Age

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 ½ x 14) [front/back]. This is a Class A special use request. Note: The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

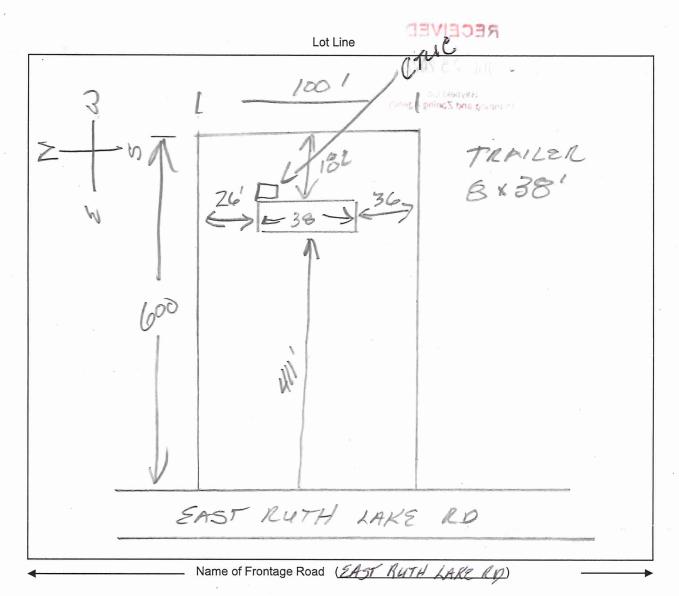
Property Owner MARK ENCELMAN	Contractor BODER
Property Address 64100 EAST RUTH LAKE	
1 Toperty Address Walf Mark	Authorized Agent
	Agent's Telephone
Telephone <u>608, 213, 4546.</u>	Written Authorization Attached: Yes () No ()
Accurate Legal Description involved in this request (specify	only the property involved with this application)
<u>\$2</u> 1/4 of <u>\$40</u> 1/4, Section <u>3/</u> , Township <u>47</u> i	N., Range B W. Town of Thow RIVER
Govt. LotLot Block Subdivision	CSM#
Volume Page of Deeds Tax I.D#	
Additional Legal Description: FAX 120 10 38	
Applicant: (State what you are asking for) RU PLACEMENT PERMI	trict: Lakes Classification
- To be the mine of the mine	
L	
We, the Town Board, TOWN OF	, do hereby recommend to
☐ Table ■ Approva	
Have you reviewed this for Compatibility with the Compre	
Township: (In detail clearly state Town Board's reason for re	
Township: (In detail clearly state Town Board's reason for re	
Township: (In detail clearly state Town Board's reason for re	
Township: (In detail clearly state Town Board's reason for re	commendation of tabling, approval or disapproval)
	Commendation of tabling, approval or disapproval) Signed:
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked	Signed: Chairman:
** THE FOLLOWING <u>MUST</u> BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disappro	Signed: Chairman: Supervisor: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disappro 3. The form returned to Zoning Department not a copy or fax	Signed: Chairman: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disappro 3. The form returned to Zoning Department not a copy or fax ** NOTE:	Signed: Chairman: Supervisor: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disappro 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your	Signed: Chairman: Supervisor:
** THE FOLLOWING MUST BE INCLUDED WITH THIS FORM: 1. The Tabled, Approval or Disapproval box checked 2. The Town's reasoning for the tabling, approval or disappro 3. The form returned to Zoning Department not a copy or fax ** NOTE: Receiving Town Board approval, does not allow the start	Signed: Chairman: Supervisor: Supervisor: Supervisor:



RECEIVED BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Zoning Distric	et_ <u>## * 7 _</u>
Lakes Class	

I. APPLICATION INFORMATION (Please Print All Information)	J <u>L 25 2022</u>		oil Test	, , , , , , , , , , , , , , , , , , ,		ounty	la.				
The state of the s	Bayfield Co. g and Zoning Agency	IN IN	0:			ermit N	10:				
MARK ENGELMA		C	ounty:		3		Bayfie	ld			
Address of Property:	Address of Property:					Property Location:					
C4100 EAST LUTH Property Owner's Mailing Address:	LAKE R	$n \mid S$	E 1/4 S		s 31	T 4/0	7 N, F	8	E	(00 W)	
Property Owner's Mailing Address:	608 213,4	540 T	ownship:				/. Lot #:		f e		
126 HICKORY DUT	in	7	RON 1	21081	1						
126 HICKORY DUT City, State Zip EDGERTON, WI 53	Code Phone	Number L	ot# Blo	ock #: (CSM #:	CSM I	Doc#	Subdiv	vision Nar	me	
II. TYPE OF BUILDING: (Check One)	45	40	_								
State Owned						Tax ID#:					
Public (Explain the use/purpose	. 1	005									
1 or 2 Family Dwelling - No. of Bedr	ooms TRAILE	K	•	995	/						
III. TYPE OF PERMIT: (Check only one		1			or the					in Billion	
A) New Re	placement	County Pri	vate Interce	eptor							
Reconnection	anair E	Davisian	** 🗀	T		/1 *-4		_			
Reconnection	epair	Revision	~~ □	ranste	r of Owne	r (List	Previou	ıs Own	er below)	
B) A Sanitary Permit was p	reviously issued.	Previous Pe	ermit Num	ber.	D	ate Iss	ued:			¥	
								C'II I			
IV. TYPE OF NON-PLUMBING SYSTE	W: (Check One)	Replaceme	nts need p	revious p	ermit nun	nber an	id date i	rilled ou	t above		
C) Pit Privy Vault	t Privy (Vault si	ze: <u>440</u> ga	llons or	cubic	yards)						
		<i>y</i> . <i>y</i> .	-	-		_	_				
Portable Privy A Cam	ping Transfer Unit	Container	, L C	ompostin	g Toilets		Incin	erating	Toilet		
V. ABSORPTION SYSTEM INFORMATION:											
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1. Gallons 2. Absorp. Area			ng Rate Day / Sq.Ft.	50000 000	erc. Rate Min. Inch)		System Elev.(F		7. Final (Elev. (l		
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- 1. Name the frontage road and use as a guideline, fill in the lot dimensions and indicate North (N).
- 2. Show the approximate location and size of the building.
- 3. Show the location of the well, septic tank and drain field.
- 4. Show the location of any lake, river, stream or pond if applicable.
- 5. Show the approximate location of other existing structures.
- 6. Show the approximate location of any wetlands or slopes over 20 percent.
- 7. Show dimensions in feet on the following:
 - a. Building to all lot lines
 - b Building to centerline of road
 - c. Building to lake, river, stream or pond
 - d. Septic / holding tank to closest lot line
 - e. Septic/holding tank to building
 - f. Septic / holding tank to well
 - g. Septic / holding tank to lake, river, stream or pond
 - h. Privy to closest lot line

- i. Privy to building
- j. Privy to lake, river, stream or pond
- k. Drain field to closest lot line
- I. Drain field to building
- m. Drain field to well
- n. Drain field to lake, river, stream or pond

IMPORTANT DETAILED PLOT PLAN

IS NECESSARY, FOLLOW STEPS 1-7 (a-o) COMPLETELY

o. Well to building

Submit To: Bayfield County Zoning Department, PO Box 58, Washburn, WI 54891

CAMPING UNIT TRANSFER CONTAINER (CUTC) SERVICING CONTRACT

This contract is made between the

CUTC Owner(s) Name(s):

MARK ENGLIMAN

Pumper's (Service Provider) Name:

IRON LIVER

SEPTIO 481271

We acknowledge the placement of a Camping Unit Transfer Container (CUTC) on the following property:

SE 1/4,	SW 11	, of Section	<u>3/</u> , Tow	vnship 47	_ N, Range &	8 w	TOWN OF:	Lot Size	Acreage 1.51
Gov't Lot	Lot#	CSM#	Vol. Page	CSM Doc#	Lot(s) No.	Block(s) No.	Subdivision:		

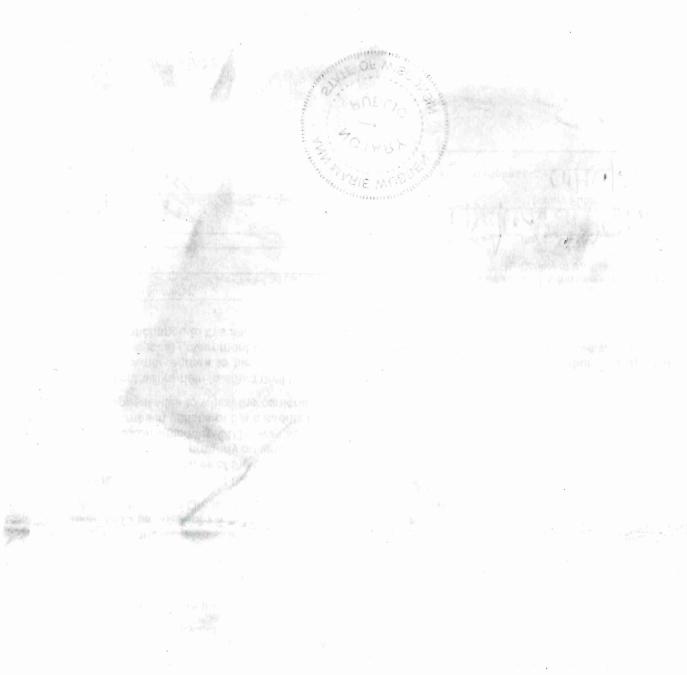
- 1. The owner agrees to file a copy of this contract with **Bayfield County Planning and Zoning Dept.** as required in Title 15 of the Bayfield County Zoning Ordinance.
- 2. The owner agrees to have the CUTC serviced by the pumper and guarantees to permit the pumper to have access and to enter upon the property for the purpose of servicing the CUTC. The owner agrees to maintain the access road or drive so that the pumper can service the CUTC with the pumping equipment. The owner further agrees to pay the pumper for all charges incurred in servicing the CUTC as mutually agreed upon by the owner and pumper.
- 3. The pumper whom has signed the pumping agreement agrees to submit to the local government unit (Bayfield County Planning and Zoning Dept.) a report for the servicing of the CUTC on an annual basis as required by Title 15 of the Bayfield County Zoning Ordinance. The pumper further agrees to include the following in the semiannual report:
 - The name and address of the person responsible for servicing the CUTC;
 - b. The name of the owner of the CUTC;

Contract Date:

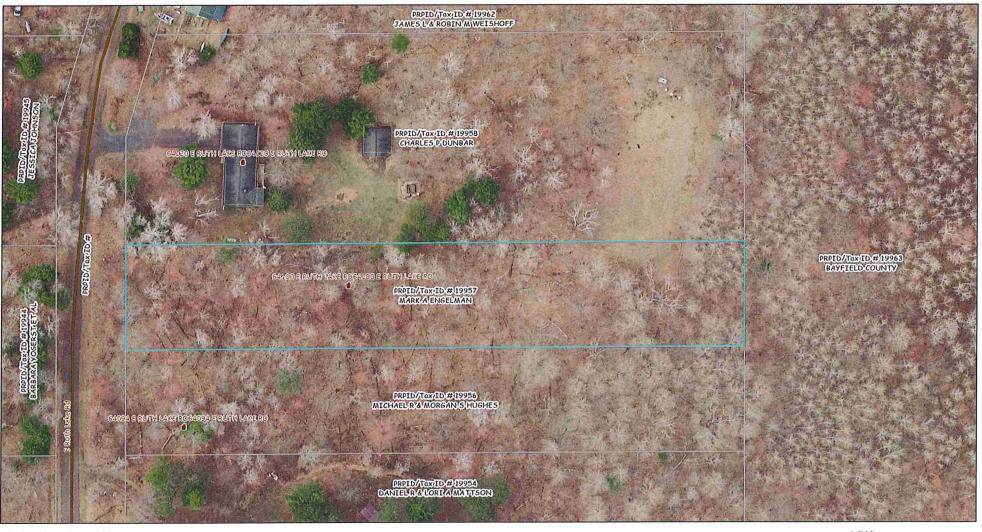
- c. The location of the property on which the CUTC is installed;
- d. The dates on which the CUTC was serviced:
- The volumes in gallons of the contents pumped from the CUTC for each servicing;
- f. The disposal sites to which the contents from the CUTC were delivered.
- 4. This agreement will remain in effect until the owner or pumper terminates this contract. In the event of a change in this contract, the owner agrees to file a copy of any changes to this service contract and/or a copy of a new service contract with the local government unit (Bayfield County Planning and Zoning) named above within (10) business days from the date of change to this service contract.

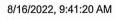
Printed Owner(s) Name(s): MANK SNGECMAN	This instrument was signed before me in the State of Wisconsin, County of Bayfield
Owner(s) Signature:	by: On this day July, 2020 by: Oblance of the oblan
Med Celepellia MARIE W.	Notary Public No
AUBLY POLAR	
THE OF W	SCORPATION OF THE PROPERTY OF

Created: April 17, 2012 (Bayfield County Zoning) – ®Dec 2019
Personal information you provide may be used for secondary purposes [Privacy Law, s.15.04 (I)(m)]



Bayfield County, WI





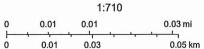
Approximate Parcel Boundary

Road Type

Town

Building Footprint 2015

Building



Bayfield County Land Records Department

Real Estate Bayfield County Property Listing

Today's Date: 8/16/2022

Property Status: Current

Created On: 3/15/2006 1:15:34 PM

Description Tax ID:

Updated: 8/25/2021

19957

PIN:

04-024-2-47-08-31-3 04-000-19000 024108803000

Legacy PIN:

Map ID:

Municipality: (024) TOWN OF IRON RIVER

STR: Description:

S31 T47N R08W

PAR #22 IN SE SW IN DOC 2021R-590067 648

Recorded Acres: Calculated Acres: Lottery Claims:

1.510 1.358 0 No

First Dollar: Zoning:

(R-1) Residential-1

ESN: 118

Tax Districts	Updated: 3/15/2006			
1	STATE			
04	COUNTY			
024	TOWN OF IRON RIVER			
163297	SCHL-MAPLE			
001700	TECHNICAL COLLEGE			

3	Recorded Documents
_	

■ WARRANTY DEED Date Recorded: 8/2/2021 2021R-590067

WARRANTY DEED

Date Recorded: 3/11/2016 2016R-562581 1157-297

☐ CONVERSION

Date Recorded: 3/15/2006 284-543;606-413

🔐 Ownership

Updated: 8/25/2021 MARK A ENGELMAN EDGERTON WI

Billing Address: MARK A ENGELMAN

126 HICKORY NUT LANE **EDGERTON WI 53534**

Mailing Address: MARK A ENGELMAN 126 HICKORY NUT LANE

EDGERTON WI 53534

Site Address * indicates Private Road

64100 E RUTH LAKE RD **IRON RIVER 54847**

Property Assessment		Updated:	3/15/2006
2022 Assessment Detail			
Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.510	7,500	0
2-Year Comparison	2021	2022	Change
Land:	7,500	7,500	0.0%
Improved:	0	0	0.0%
Total:	7,500	7,500	0.0%



N/A

Updated: 5/3/2021

Town, City, Village, State or Federal Permits May Also Be Required

LAND USE – X
SANITARY – X (Transfer Unit)
SIGN –
SPECIAL (A) – Town of Iron River (8/15/2022)
CONDITIONAL –
BOA –

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT ON THE PREMISES DURING CONSTUCTION

Mark Engelman 22-0237 Issued To: Par #22 W. Town of Iron River 31 N. SE 1/4 SW 1/4 Section Township Range Location: of Subdivision CSM# Block Gov.t Lot Lot Recreational Vehicle (RV) Vehicle #: 4X4TSAP27XAP12877 1999 Model #: Not provided Year: Make: **Sandpiper** (Disclaimer): Any future expansions or development would require additional permitting

Condition: May not be used for permanent residence

NOTE: This permit expires one year from date of issuance if the authorized construction work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed or if any prohibitory conditions are violated.

Mckenzie Slack, AZA

Authorized Issuing Official

September 9, 2022

Date

Town, City, Village, State or Federal Permits May Also Be Required

not completed or if any conditions are violated.

LAND USE - X

SANITARY -

SIGN -

SPECIAL - NA

CONDITIONAL -

BOA -

BAYFIELD COUNTY PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

Tax ID: 19848 Issued To: DIANE BROUCH No: 08172202-2022 Location: E 100' OF W 632' OF GOVT LOT Section 28 Township 47 N. Range 08 W. **IRON RIVER** 4 IN V.1127 P.824 578E **Subdivision:** CSM# **Block** Govt Lot 0 Lot For Residential / Other / 28L x 24W x 10H Condition(s): Meet all setbacks including eaves and overhangs. Not for human habitation. For personal storage only. Town/State/DNR permits may be required. NOTE: This permit expires one year from date of issuance if the authorized Mckenzie Slack construction work or land use has not begun. **Authorized Issuing Official** Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the Thu Sep 08 2022 application information is found to have been misrepresented, erroneous, or incomplete. **Date** This permit may be void or revoked if any performance conditions are